



DEPARTMENT OF INSURANCE
STATE OF ARIZONA
Financial Affairs Division - Compliance Section
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Phone: (602) 364-3998
Fax: (602) 364-3989

RECORDS LOCATION INFORMATION
RETURN THIS FORM TO THE ABOVE ADDRESS BY MARCH 1

ENTER THE CURRENT CALENDAR YEAR IN WHICH THIS FORM IS BEING FILED: _____

Company Name: _____ NAIC #: _____

ADDRESS(ES) WHERE ALL BOOKS AND RECORDS ARE LOCATED: Failure to provide this information could result in a Department examiner traveling to the wrong location for an examination resulting in an unnecessary expense to the company.

1. _____

PHONE NUMBER: _____ FAX NUMBER: _____

2. _____

PHONE NUMBER: _____ FAX NUMBER: _____

Email: _____

AT WHICH ADDRESS WOULD AN INSURANCE DEPARTMENT EXAMINATION BE MADE? (check one)

1) _____ 2) _____

Provide the name and address of the company's Arizona statutory agent:

NAME OF FIRM: _____

AGENT'S NAME: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____

Email: _____

Provide the company's STATUTORY HOME OFFICE address:

PHONE NUMBER: _____

Email: _____

DID CONTROL OF THE INSURER AS DEFINED IN A.R.S. §20-481(3) CHANGE IN THE CALENDAR YEAR JUST ENDED?

Answer: _____

NUMBER OF COMPANY STOCKHOLDERS OF RECORD AT 12/31 OF THE CALENDAR YEAR JUST ENDED : _____

Prepared by: _____ Title: _____

Phone: _____ Date: _____

Email: _____